

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE PLANT PROTECTION AND QUARANTINE  <b>CONTRACT PILOT AND AIRCRAFT ACCEPTANCE</b>	1. PROGRAM	2. REGION
	3. INSPECTION SITE	4. CONTRACT NO.
6. CONTRACTOR'S NAME & MAILING ADDRESS (Include Zip code)	7. REGISTERED AIRCRAFT OWNER'S NAME & MAILING ADDRESS (Include Zip code)	
TELEPHONE NO.	TELEPHONE NO.	
8. STATE APPLICATOR BUSINESS LICENSE & EXPIRATION DATE :	9. FAA AG CERTIFICATE NO.	10. CONGESTED AREA WAIVER, IF REQUIRED YES ___ NO ___ N/A ___

**PILOT INFORMATION ( NOTE: FOR OBSERVATION PILOT COMPLETE BLOCKS 11 - 20 ONLY )**

11. PILOT'S NAME & MAILING ADDRESS (Include Zip code)	16. GOVERNMENT ISSUED PHOTO ID : YES ___ NO ___ (Passport, Driver's License)
	17. TOTAL TIME : _____ (1,000 Hours minimum)
TELEPHONE NO.	18. TOTAL PIC TIME IN TYPE ( ie: AT-301, C - 182 ) : _____ 25 hours minimum
	19. TOTAL AG AND / OR OBSERVATION TIME : _____ ( Observation Pilot ) 50 hours minimum
12. CERTIFICATE & NO. (ATP or Commercial) :	20. OBSERVATION PILOT / APPLICATOR LETTER OF COMPETENCY : YES ___ NO ___
13. RATINGS :	21. TOTAL AG TIME : _____ (100 Hours minimum)
14. MEDICAL CLASS / DATE :	22. STATE OF ISSUE , APPLICATOR LICENSE NO. & EXPIRATION DATE :
15. FLIGHT REVIEW DATE :	

**AIRCRAFT INFORMATION ( NOTE: FOR OBSERVATION AIRCRAFT COMPLETE BLOCKS 23 - 30 ONLY )**

23. AIRCRAFT REGISTRATION NO. <b>N</b>	28. PROOF OF INSURANCE : YES ___ NO ___	
24. MAKE / MODEL :	29. SPEED (MPH) :	33. RATE / ACRE :
25. DATE OF ANNUAL INSPECTION :	30. DATE AVAILABLE :	34. ASSIGNED SWATH :
26. AIRCRAFT TIME SINCE 100 HOUR INSPECTION :	31. CATEGORY - A,B,C or D :	35. GUIDANCE TYPE : Precision DGPS Make : _____ Non-Precision ( Flagging, Kytoons etc.) _____
27. AIRWORTHINESS CERTIFICATE CATEGORY :	32. CHEMICAL :	

**APPLICATION SYSTEMS**

**DRY**

36. SPREADER : MAKE _____ MODEL _____	39. AIR AGITATION, RAM AIR INTAKE AND VENT TUBE FLOW REGULATOR INSTALLED PROPERLY : YES ___ NO ___
37. SPREADER CLEAN AND FREE OF CONTAMINATION : YES ___ NO ___	40. SPECIAL EQUIPMENT REQUIRED (Flagman, smoker etc.) SPECIFY :
38. SPRAY TANK CLEAN / DRY AND INTERNAL VALVES SEALED : YES ___ NO ___	41. IF OPERATING OVER CONGESTED AREAS, AN EMERGENCY HOPPER JETTISON DEVICE REQUIRED BY FAR 137.53 (C)(2): YES ___ NO ___

**APPLICATION SYSTEMS ( cont'd )**

LIQUID		YES	NO
42. Spray tank interior dry and cleaned of all contamination :			
43. Leak proof - Check condition of hoses, gate seal, and other spray system components :			
44. Equipped with dump valve that meets agricultural part FAR 137.53 (C) (2) :			
45. Drain valve(s) located at lowest point(s) in the system :			
46. Emergency shut-off valve located between the hopper and pump - ask for demonstration :			
47. Bleed lines installed on spray booms when required (See prospectus for correct installation of bleed lines) :			
48. Pump with capacity to deliver 40 PSI to all spray nozzles :			
49. Functional pressure guage with a minimum range of zero to 60 but no greater than zero to 100 PSI :			
50. In line strainer - between pump and boom :			
51. Unused nozzles removed and openings plugged :			
52. Special equipment required - i.e., flagman, smoker (Specify) :			
53. A method to determine the amount of chemical in the hopper; in flight and on the ground :			
54. NO. OF NOZZLES INSTALLED FOR APPLICATION : _____	55. SPRAY TIP AND STRAINER SIZE, i.e., SS 8002/50 MESH (See prospectus for specific aircraft and tip size) :	56. OPERATING BOOM PRESSURE (PSI) :	

**DEFICIENCIES NOTED :**

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**DEFICIENCIES CORRECTED:**

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**REMARKS:**

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**CERTIFICATION**

*I certify that I have completed the above inspections and have noted findings as:*

ACCEPTABLE

UNACCEPTABLE

57. OFFICIAL SIGNATURE	TITLE	DATE
58. PILOT/CONTRACTOR SIGNATURE	TITLE	DATE